

Volunteer Application Form

All of the following information is kept secure and confidential and is only accessible to the Volunteer Coordinator and Operations Manager.

Please fill out this form clearly and return to the Volunteer Co-ordinator along with any size photo of yourself.

Email: dutymanager@paviliontheatre.ie

Post: Volunteer Coordinator, Pavilion Theatre, Marine Road, Dún Laoghaire, Co Dublin

**First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Surname**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Contact Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note: Most communication will be via email. Please ensure your email address is clear on this form.

**Name of emergency contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statistical Monitoring**

**Age**: 18-24 \_\_ 25-34 \_\_ 35-44 \_\_ 45-54 \_\_ 55-64 \_\_ 65+ \_\_ **Gender**: Male \_\_ Female \_\_

**How did you hear about volunteering at the Pavilion Theatre, Dún Laoghaire?**

Pavilion website \_\_ Programme\_\_ Local Volunteer Bureau \_\_ Current volunteer \_\_ Other \_\_

**Are you currently**: Employed \_\_ Studying \_\_ Unemployed \_\_ Retired \_\_

**Reasons for Volunteering**

What attracted you to volunteer at Pavilion Theatre?

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What would you like to get out of volunteering at Pavilion Theatre?

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How often can you commit to volunteering at Pavilion Theatre?

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Are there any days and times that you cannot volunteer?

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**Confidential disclosure**

**Do you have a medical condition or disability which we need to be aware of?** Yes \_\_ No \_\_

If yes please give details**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any criminal convictions?** Yes \_\_ No \_\_

If yes please give details**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**References**

**Please list your references here.**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Name:** | |
| **Position:** | **Position:** | |
| **Address:** | **Address:** | |
| **Telephone number:** | **Telephone number:** | |
| **Relationship:** | | **Relationship** |

**Background Investigation**

**Please note**: All volunteer applicants for Pavilion Theatre are subject to background investigation by the Garda Siochana. We require all persons working with children to undergo a background check. By signing this form you are consenting to this background check should we deem it necessary.

**Declarations**

1. I declare that there is no reason why I would be considered unsuitable to work with children.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I confirm that the information provided on this volunteer registration form is complete and true

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For office use only:**

Date received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date started \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_